

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

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SERIAL NO.

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CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	10	↓	10	↓		↓
TOTAL DEP.	21	↔	20	↔		↔
TOTAL CLAIMS	31	[REDACTED]	30	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL IND.			↓			↓
TOTAL DEP.			↔			↔
TOTAL CLAIMS			[REDACTED]			[REDACTED]